



New Jersey Office of the Attorney General
Division of Consumer Affairs
Office of Consumer Protection
Regulated Business Section
124 Halsey Street, 7th Floor, P.O. Box 46016, Newark, NJ 07101



Home Improvement Contractor's Address Change Request Form

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Instructions: Please print clearly. Complete all of the items below (one through six). Return the completed form to the mailing address listed above.

1. Applicant's Name:	Title:	Date:
2. Business Name:	D/B/A or Trade Name:	
Telephone Number (include area code):	E-mail Address:	

NEW ADDRESS

3. New Business Address (Must be a street address.):	City:	State:	ZIP Code:
4. Home Address:	City:	State:	ZIP Code:
5. Mailing Address if different from above. The mailing address that you provide will be the address used by the Regulated Business Section of the Division of Consumer Affairs to send your registration and all other correspondence.			
Mailing Address:	City:	State:	ZIP Code:

OLD ADDRESS

6. Old Business Address:	City:	State:	ZIP Code:
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FOR OFFICIAL USE ONLY

Applicant's Number:	Registration Number:	
Date Revised:	Initial:	Date: